PR 2 5 17 AGET the Par	perwork Reduction Act of 1995	no person	U.S.		PTO/SB/21 (04-07) Approved for use through 09/30/2007. OMB 0651-0031 rademark Office; U.S. DEPARTMENT OF COMMERCE formation unless it displays a valid OMB control number.							
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TRANSMITTAL			Filing Date	08-20-200	3							
			First Named Inventor	Whitehead	Whitehead							
			Art Unit	2611								
(to be used for all correspondence after initial filing)			Examiner Name	Corrielus								
Total Number of Pages in This Submission			Attorney Docket Number	1444-0083	3							
ENCLOSURES (Check all that apply)												
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/			Petition Petition Petition Petition Petition Perition Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): RCE Postcard Foreign References							
Incomplet	te Application eply to Missing Parts nder 37 CFR 1.52 or 1.53	TURE	OF APPLICANT, ATTO	DRNEY (DP ACENT							
Firm Name	John	TOILL	ATTEIOANT, ATT		JK AGENT							
	Cook, Alex, Mcfarron, Ma	nzo, Cum	mings & Mehler, Ltd.									
Signature	W:/WZA											
Printed name	inted name David M. Mundt											
Date April 24, 2007				Reg. No.	41,207							
I hereby certify th sufficient postage the date shown b Signature	at this correspondence is be as first class mail in an en	eing facsi	CATE OF TRANSMISS mile transmitted to the USP dressed to: Commissioner f	TO or depos	ILING sited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on							
Typed or printed name David M. Mundt					Date April 24, 2007							

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I C		Examiner Name								
Applicant claims sma	· -			Corrielus						
TOTAL AMOUNT OF PA	YMENT (\$	970.00	_	Art Unit	261					
CONTRACTOR OF TA	- Ι.Ι.Ι.Ε.Ι.Υ.Ι. (Φ	970.00		Attorney Docket No). 1444	4-0083				
METHOD OF PAYME	NT (check al	l that apply)								
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 50-1039 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
under 37 CF WARNING: Information on the information and authorization	R 1.16 and 1 is form may b	ecome public. Credit		V Olcan an	y overpay e included		rovide credit card			
FEE CALCULATION										
1. BASIC FILING, SEA										
FILING FEES SEAF Small Entity			SEARC	CH FEES E Small Entity		TION FEES				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FE Fee Description Each claim over 20	Fee (\$)	Small Entity Fee (\$) 25								
Each independent c	200	100								
Multiple dependent	360	180								
Total Claims							ependent Claims			
- 20 or HP = HP = highest number of to			=			<u>Fee (\$)</u>	Fee Paid (\$)			
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3. APPLICATION SIZE If the specification an	d drawings									
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970.00

Other (e.g., late filing surcharge): RCE 790 and IDS 180

SUBMITTED BY

Signature

Registration No. (Attorney/Agent)

Registration No. (Attorney/Agent)

Date April 24, 2007

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